Mississippi State Department of Health

Office of Emergency Planning and Response

EMT – Basic Course Completion Roster

	basic Course Completio	II KUSIEI	
OEPR Course Number:	Completion Date:		
Teaching Facility:			
Course Coordinator:			
Lead Instructor:			
Total Classroom Hours:	☐College Credit Hrs.		Certificate Program
Clinical Site:			
Field Internship Site:			
College Registrar:			
The Teaching Facility should have docum A minimum of 110 classroom hou A minimum of 10 hours of in-hos A minimum of 5 emergency ambo A minimum final grade of 75% or Enter information for each participar	ors Dital practical clinical experience Llance runs in a field internship above	verifies:	
Last Name	First Name	MI	Final Grade
			+
			+
			+
	<u> </u>		
Amount and by the		Data	
Approved by: Community College Registrar		Date:	
Received: MSDH	District #:		